# Exhibit A

#### Coasset 71-71-61.59379-72-1/elf Clavino 82211 Filitheld 1.04003/61272 Dienste Medi 0.42/006/2/20 elnot: 46:5-72 age Dienot: 5 Exhibit A Page 2 of 6

Fill in this information to identify your case:				
Debtor	Oonald William Thornton			
United States Bankruptcy Court for the:		EASTERN DISTRICT OF PENNSYLVANIA		
Case number	17-16397-elf	Annahata Annahata		

### Official Form 410 Proof of Claim

4/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Pa	rt 1:	Claim				
1.	Who is the current creditor?	Montgomery County Tax Claim Bureau  Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor				
2.	Has this claim been acquired from someone else?	■ No □ Yes. From whom?				
3.	Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  Where should notices to the creditor be sent?  Obermayer Rebmann Maxwell & Hippel LLP Attn: Michael D. Vagnoni, Esquire  Centre Square West 1500 Market Street, Suite 3400  Philadelphia, PA 19102  Name, Number, Street, City, State & Zip Code  Contact phone 215-665-3066  mlchael.vagnoni@obermayer.co  m		Where should payments to the creditor be sent? (if different)  Name, Number, Street, City, State & Zip Code Contact phone  Contact email			
4.	Does this claim amend one already filed?	Uniform claim identifier for electronic payments in chapter 13 (if you use the second of the second	Filados			
5.	Do you know if anyone else has filed a proof of claim for this claim?	■ No □ Yes. Who made the earlier filing?				

**Proof of Claim** 

page 1

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Part 2: Give Inform	nation About the Claim as of the Date the Case Was Filed					
6. Do you have any number you use to identify the debtor?	■ No □ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:					
7. How much is the claim?	\$ 21,606.71 Does this amount Include interest or other charges?  No  Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).					
8. What is the basis of	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card,					
the claim?	Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).					
g.	Limit disclosing information that is entitled to privacy, such as health care information.					
	Limit dississing whethis district of the same of processing the same of processing the same of the sam					
	Taxes					
9. Is all or part of the	□ No					
claim secured?	Yes, The claim is secured by a lien on property.					
1	Nature of property:					
	Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.					
	☐ Motor vehicle					
	Other, Describe:					
	Basis for perfection: Statutory Lien					
2	Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)					
	Value of property:					
	Amount of claim that Is secured: \$ 21,606.71					
	Amount of claim that is unsecured: \$ (The sum of the secured and unsecured amounts should match the amount in line 7.)					
	Amount necessary to cure any default as of the date of the petition:					
K2	Annual Interest Rate (when case was filed) 9 %					
	Fixed					
	☐ Variable					
10. Is this claim based on a lease?	■ No □ Yes. Amount necessary to cure any default as of the date of the petition: \$					
11. Is this claim subject to a right of setoff?	■ No □ Yes, Identify the property:					

## C6:sas 4.71-71-61.35379-72-16/If C12xiono 8.211 Fifitheld1.0040/361272 DEciste Medi 10.42/006/21214 direct 46:572ageD2es 6:5 Exhibit A Page 4 of 6

12. Is all or part of the claim entitled to						
priority under 11 U.S.C. § 507(a)?	■ No	9				
0.5.0. g 501(a)1	☐ Yes. Check	one:				
		Domestic support obligations (including alimony and child support) under  11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).				
	Up to \$2,8 services fo	☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).				
	Wages, sa before the whichever	\$				
	☐ Taxes or p	enalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$			
	☐ Contribution	ons to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$			
	☐ Other. Spe	cify subsection of 11 U.S.C. § 507(a)() that applies.	\$			
* Amou	unts are subject to a	ljustment on 4/01/19 and every 3 years after that for cases begun	on or after the date of adjustment.			
Part 3: Sign Below	V					
The person completing	Check the appropri	ate box:				
this proof of claim must sign and date it.	I am the creditor.					
FRBP 9011(b).	☐ I am the creditor's attorney or authorized agent.					
If you file this claim	☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.					
electronically, FRBP 5005(a)(2) authorizes courts to establish local	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.					
rules specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.					
A person who files a fraudulent claim could be fined up to \$500,000,	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.					
imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.	I declare under per	nalty of perjury that the foregoing is true and correct.				
and 35/1.	Executed on date	October 2, 2017				
	D MM/ DD / YYYY					
	Signature					
		the person who is completing and signing this claim:	(4)			
	Name Bridget Lafferty					
	Title Second Deputy					
	Company  Montgomery County Tax Claim Bureau  Identify the corporate servicer as the company if the authorized agent is a servicer.					
	Address	One Montgomery Plaza				
	Contact phone	610-278-3065 Email				

**Montgomery County Board of Commissioners** 

Valerie A. Arkoosh, MD, MPH, Chair Kenneth E. Lawrence Jr., Vice Chair Joseph C. Gale, Commissioner



TAX CLAIM BUREAU

PO Box 190 Norristown, Pa 19404-0190

Tax Claim: 610-278-1216 fax: 610-994-2881 email: TaxClaim@MontcoPA.org www.TaxClalm.MontcoPA.org

> Jason E. Salus Treasurer/Director, Tax Claim
> William F. Caldwell First Deputy Michael P. Clarke

Municipality: East Norriton

#### **Certification**

I hereby certify that the County, East Norriton, or the NORRISTOWN AREA SCHOOL DISTRICT entered liens against:

Owner:

THORTON DONALD W & NERIS BLANCA

Location:

613 NORTHAMPTON RD

Parcel Number: 33-00-06103-00-2

Block 004E

Unit

For the Following Year(s) with Balances as Indicated Below

Year	County	Twp./Boro	School	Total Tax	Interest	Costs	Total Due
2013	\$0.00	\$0.00	\$1,970.57	\$1,970.57	\$295.60	\$15.00	\$2,281.17
2014	\$431.00	\$373.10	\$4,207.12	\$5,011.22	\$1,202.61	\$380.68	\$6,594.51
2015	\$431.00	\$373.10	\$4,279.20	\$5,083.30	\$762.40	\$842.18	\$6,687.88
2016	\$473.00	\$373.10	\$4,441.43	\$5,287.53	\$317.28	\$438.34	\$6,043.15
		× 4				Total Liens:	\$21,606.71

Please be advised this quote is valid only within ten (10) days from the date of certification. A copy of this certification must accompany payment. Furthermore, interest will accrue at the rate of ¾ of 1% monthly sometime on or after the 1st day of each month. You will still be responsible for interest until payment is received.

Return this bill with your remittance. Checks should be made payable to Montgomery County Tax Claim Bureau. If a receipt is desired, please enclose a self addressed, stamped envelope.

Parcel Number:

#### Certification

TAX CLAIM BUREAU

Please Note: The Montgomery County Tax Claim Bureau can only certify llen balances for those municipalities and school districts for which it collects. Not all llens are filed with the Tax Claim Bureau. Please consult the local tax collector for a list of those organizations besides the Tax Claim Bureau who may also be collecting delinquent taxes for the parcel in question.

N/A\* - Taxes marked as N/A are not collected by the Montgomery County Tax Claim Bureau

Tax Claim Bureau 610-278-1216

Certification Date: September 11, 2017